Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



06 JUN 16 PM 1:56

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration . 1. Effective Date of Registration FEBRO			
2. House Identification Number	Senate Identification Number		
REGISTRANT 3. Registrant name THE MITCHEU	Company		
Address (0105 LARKSPUR			
City ALEXANDRIA	State VA Zip Z2310		
4. Principal place of business (if different from line 3) City	State/Zip (or Country)		
5. Telephone number and contact name (702) 669 - 4065 Contact	et GREG MITCHEU E-mail (optional)		
6. General description of registrant's business or activity GOVERNMENT RELATIONS	ties ·		
CLIENT A Lobbying firm is required to file a separate regis labeled "Self" and proceed to line 10. Self" Society Po			
· · · · · · · · · · · · · · · · · · ·	T, 8H FLOOR		
City NASHINGTON	State OC Zip 20036		
8. Principal place of business (if different from line 7) City	State/Zip (or Country)		
9. General description of client's business or activities POLICY ADVOCACY			
this section has served as a "covered executive bra	d to act as a lobbyist for the client identified on line 7. If any peranch official" or "covered legislative branch official" within two e and/or legislative position(s) in which the person served.		
Name	Covered Official Position (if application)		
GREG MITCHELL			

Filing #0-1-4024-1-611-4070 h	-d 7b-2001-2252		

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	Form LD-1 (Rev. 06/98)	

3. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities of the criteria above, then proceed to line 14. Name	LOBBYING ISSUES 11. General lobbying issue areas LAW	s. Select all applicable co	des listed in instructions and on the	reverse side of Form LD-
No ⇒ Go to line 14. Yes Complete the rest of this section for each en the criteria above, then proceed to line 14. Name	SECOND CHANCE FEDERAL SENT	ACT - HR ENCING REFOR	Μ	
Name Address Principal Place of (city and state or (city and state or delivery) FOREIGN ENTITIES 14. Is there any foreign entity that: a) holds at least 20% equitable ownership in the client or any organization identified on line 15 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances activities of the client or any organization identified on line 13; or c) is an affiliate of the client or any organization identified on line 13 and has a direct interest of the lobbying activity? CNo ⇒ Sign and date the registration. Principal place of Amount of contribution for contribution for	13. Is there an entity other tha	n the client that contrib	•	
FOREIGN ENTITIES 14. Is there any foreign entity that: a) holds at least 20% equitable ownership in the client or any organization identified on line 1: b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances activities of the client or any organization identified on line 13; or c) is an affiliate of the client or any organization identified on line 13 and has a direct interest of the lobbying activity? No Sign and date the registration. Yes Complete the rest of this section for matching the criteria above, then si registration. Name Address Principal place of Amount of contribution for	No ⇒ Go to line 1	4.	·	*
a) holds at least 20% equitable ownership in the client or any organization identified on line 12 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances activities of the client or any organization identified on line 13; or c) is an affiliate of the client or any organization identified on line 13 and has a direct interest of the lobbying activity? No ⇒ Sign and date the registration. □ Yes ↓ Complete the rest of this section for matching the criteria above, then si registration. Name Address Principal place of business Amount of contribution for	Name		Address	Principal Place of Bus (city and state or cou
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances activities of the client or any organization identified on line 13; Or c) is an affiliate of the client or any organization identified on line 13 and has a direct interest of the lobbying activity? No ⇒ Sign and date the registration. Yes Complete the rest of this section for matching the criteria above, then si registration. Name Address Principal place of Amount of business contribution for	14. Is there any foreign entity	that:		
matching the criteria above, then si registration. Name Address Principal place of Amount of business contribution for	b) directly or indire activities of the c) is an affiliate of	ectly, in whole or in ma client or any organizati the client or any organi	ijor part, plans, supervises, contr ion identified on line 13; or	ols, directs, finances or
business contribution for	No ⇒ Sign and date t	he registration.	matching the c	
	Name	Address	business	contribution for

Printed Name and Title GREG MITCHEU PRESIDENT

Form LD-1 (Rev. 06/98)